

# PLAYER PARTICIPATION FORM

Please print. Be sure to fill in **ALL** the blanks. All players and parents **MUST** complete this form before participating in **Dusko & Juan Premier Soccer** activities. Signatures are **REQUIRED** on the bottom of this form prior to participation.

Player Name: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Circle One: Male Female

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #1 Cell: \_\_\_\_\_

Parent #1 Email: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Parent #2 Cell: \_\_\_\_\_

Parent #2 Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other medical problems: \_\_\_\_\_

**Consent for Medical Treatment of a Minor:** As the parent or legal guardian of the above-named Player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Release Form:

I the Player, or parent/guardian of the minor Player, acknowledges that soccer is an inherently dangerous sport in which the Player participates at his/her own risk. I, for myself and the Player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify (1) U.S. Youth Soccer, its affiliated organizations and its sponsors, (2) the Burlingame Soccer Club, its officers, directors, coaches, team managers, volunteers, agents, representatives and assigns, (3) the San Mateo Unified School District and its subdivisions, the City of Burlingame and all other organizations providing fields for play, including their agents, officers, directors, contractors, employees, representatives and assigns (collectively "Released Parties"), and (4) Dusko & Juan Premier Soccer LLC, its officers, directors, coaches, team managers, volunteers, agents, representatives and assigns, from and against all claims, liabilities, damages or causes of action arising out of or in connection with the Player's participation in any and all Dusko & Juan Premier Soccer LLC programs. I affirm that the Player is in good physical condition. I understand that the Dusko & Juan Premier Soccer LLC does not carry medical insurance for Players participating in Premier Camps, tryouts, practices, friendly scrimmages and other Dusko & Juan Premier Soccer LLC sponsored activities, and that I am responsible for the Player's insurance coverage until the Player is officially registered as a Player with the California Youth Soccer Association.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant Confirmation:

Session \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Participation Days: (Circle all that apply) FULL WEEK | Mon | Tue | Wed | Thu | Fri | Sat

Participation Times:

Focus: (Circle all that apply) STRIKER MID BACK GOALIE

**WHAT I WANT TO LEARN ABOUT SOCCER IN THIS SESSION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send check, made payable to: **Dusko Rosic or Juan Porras** to the following:

Dusko & Juan Premier Soccer  
228 Bancroft Road  
Burlingame, CA 94010

**PLEASE COME PREPARED TO PLAY** -- SHIN GUARDS, SOCCER SHOES, SHORTS, SWEATSHIRT (in case the weather changes). **ALSO: PLEASE BRING WATER.**

Please feel free to contact us with any questions.

Thank you very much. See you on the field!

**Dusko Rosic**

Mobile: (650) 218-9871

Email: [dusko@duskoandjuansoccer.com](mailto:dusko@duskoandjuansoccer.com)

**Juan Porras**

Mobile: (650) 921-2188

Email: [juan@duskoandjuansoccer.com](mailto:juan@duskoandjuansoccer.com)

*Registration Policy: Dusko & Juan Premier Soccer, LLC will be glad to apply any unused registration fees to a future program. There is no policy for refunds.*